MEDICAL MISSIONARY

JULY—AUGUST 1953

Good Samaritan

The Medical Missionary

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Sister M. Angelica, Editor
Sister M. Sarah, Art Editor

THE MEDICAL MISSION SISTERS

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

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Hospitals, dispensaries, home visiting, leprosaria, training, native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

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In this issue

Queen Of The Missions 61
Sr. M. Gerard, S.C.M.M.

Mandar's Woman Surgeon 63
Sr. M. Elise, M. D.

Mogul Queen's Tomb 66
Sr. M. Richard, S.C.M.M.

Woman's Day In Indonesia 68
Sr. M. Edward, M. T.

To the Highest Bidder 69
Sr. M. Andre, W. S.

On Being An Alien 72
Sr. M. Thaddeus, R. N.

Medical Mission World 74
Sr. M. Daniel, S.C.M.M.

Guardian Of The Night 75
Sr. M. Anita, R. N.

Beautiful But Dumb 77
Sr. M. Raphael, B. S. Pharm.

Medical Mission Chits 78

Aboriginals and Missionaries 80
Sr. M. Lawrence, S.C.M.M.

YOUR WILL . . . .

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"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

THE MEDICAL MISSIONARY *is published with ecclesiastical approbation by the Society of Catholic Medical Missionaries, Inc. in the interest of Medical Missions. Until further notice it will be issued bi-monthly. Subscriptions* $1.50 *per year;* 3 *years* $4.00; 5 *years* $6.00; *foreign* $1.75 *per year;* 4 *years* $6.00. *Entered as second class matter September* 11, 1928 *at the Post Office of Philadelphia, Pennsylvania under the act of March* 3, 1879.

QUEEN OF THE MISSIONS

Sr. M. Gerard, S.C.M.M.

Leaning on thy beloved, arise, go heavenward!
Accept the crown with stars for thee bedecked,
List to the hymn thy children sing on this day,
Calling thee blessed.
(Breviary)

LITURGICALLY speaking, August would have been a better month for the Coronation of Elizabeth II than June. To be even more specific, August 15th should have been the day. How fitting it would have been to celebrate an earthly queen's taking possession of her kingdom on the same day that the universal Church rejoices that Mary was taken up into heaven to "reign forever with Christ!"

But in June or in August, it was still a wonderful event for Americans to see, particularly American Catholics. Certainly, they should have felt right at home for the occasion, so essentially Catholic were the liturgical aspects of the ceremony. The Church is forever speaking to them in terms of crowns, sceptres and kingdoms. And this, because as Saint Peter tells us, we are "a royal nation . . . a kingly people." So ours is a *royal* liturgy, preparing us for our eventual coming into that kingdom "where the King of Kings sits on his starry throne."

It was good then, to get at least some faint idea of the splendor and grandeur of that kingdom to come, and in this instance of the crowning of a queen, some notion of Mary's role in heaven and on earth. For Catholics love to call our Lady, not only by the intimate title of "Mother", but also by her majestic one of "Queen of heaven, Mistress of earth." Indeed, the liturgy would seem to stress this royal power of hers almost more than any other of her prerogatives, exulting in her unrivalled influence both before the throne of God and with those earthly princes who "rule by me," as Mary herself tells us. The obeisance paid Elizabeth by the royalty

of her realm, at that solemn moment after her coronation, gave some semblance of what we might call Mary's gentle sway over all the nations God has given to her Son.

It is Christ, we must remember, Who has given Mary her crown, her "crown with stars", as the liturgy so beautifully describes it. All her royalty and dignity comes from Christ and exists for His sake, just as all the power of temporal rulers is given "from above" and must give an account of its stewardship to the one Lord of all. So when we speak of Mary's rule over heaven and earth, we recognize it as one which "leans on its beloved", that is, one which depends on Christ, on the establishment of His kingdom and His reign throughout the world. The power of Mary's sceptre is the power of Christ, the King.

We may certainly say, then, that where Christ is King, Mary is Queen. And with Mary, all women are honored and given an exalted position in the Christian kingdom. For Christ is the norm. If He so honors and exalts His Mother above all creatures, then so ought we; and if, as the Church teaches, in Mary all women are to be so honored and exalted, then so ought all Christians desire that women be given their rightful place in the divine scheme of things.

And this brings us to the missions. In non-Christian lands, for the most part, women do not have such a place. On the contrary, theirs is usually an inferior position. There is certainly no question of exaltation, or honor being paid. Recognition is based on function, on the role they have to play as mothers of the future society. They have no rights as persons, so that if the function is not fulfilled, the best they may expect is toleration. This was true even among the Jews before our Lord's coming, with whom barrenness was the greatest of curses, and virginity unheard of. It was as if the Jewish kingdom was not only awaiting its King, but also its Queen. For the Jewish women, and for all women, Mary was to be "the honor of our people."

So in all mission lands today, women await their Queen. When she comes, Christ will come too. They rule together in the Christian Kingdom. And when that joint reign is established, there will be no "inferior" positions, for as Saint Paul says: "All you who have been baptized in Christ . . . (are) no more male and female, but one in Jesus Christ."

It is especially the work of the women religious in the Church's missions to carry this dignity of Mary to all non-Christian women. They are to be "other Marys", as much by the example of their lives as by the works they do, so that *in them,* Mary's prerogatives and virtues may shine forth - and above all, that chief characteristic of our Blessed Mother and Queen: to be the "Cause of Joy" for others.

OUR COVER—is a reproduction of the "Good Samaritan" by Angela Trindade of Bombay. The artist painted it to symbolize the work of the Medical Mission Sisters in India, where women doctors are specially needed. As wine and oil were the Samaritan's best, so the "Modern Samaritan" brings the best remedies modern medicine and skill have to offer to tend to the needs of his neighbor.

Mandar's Woman Surgeon

Sr. M. Elise, M. D.

His Excellency, Msgr. Nicholas Kujur, S. J., Bishop of Ranchi, with Mandar's Sister Surgeon, Sr. M. Barbara, M. D.

STATISTICS are hard to compile, but anyone who has done medical work in India knows from experience the vast numbers of young and middle-aged women who go around with tumors, childbirth injuries and chronic infections for years, simply because they cannot find a woman-doctor to attend to them.

Yes, women-doctors are needed in India, more than almost anywhere else. The traditional modesty and seclusion of the women commonly keeps them away from men-doctors, especially men-surgeons, obstetricians and gynecologists.

This is one of the reasons why medical mission work in that country is so important and so much in demand. Literally every town, every province, every county, needs hospitals, particularly for women and run by women. Beautiful buildings and expensive equipment are not the first requirement, though adequate working facilities are, of course, a necessity. Above all the institution needs a well-trained and keenly interested staff. Provided that is present, patients will flock to the hospital no matter how far and how plain.

This is not mere theory. An example is our Holy Family Hospital in Mandar, India. Situated about 17 miles from Ranchi, the nearest town and the summer capitol of the province of Bihar, in the very heart of India, this hospital started out in March 1947 with three small buildings, a dispensary plus opera-

Mandar is located in the district of Chota-Nagpur, India some three hundred miles west of Calcutta. The inhabitants are aboriginal tribes —the Mundas, the Ouraons and the Kharias—who are particularly well disposed towards Christianity. Over 300,000 *of them are Catholics, but there are still two million animists living in tribal seclusion.*

Sr. M. Barbara greets malaria patient carried in basket.

ting room, and two wards. In six years they have grown to about 150 beds and five buildings, some of them two-stories, with an average daily census of 100 patients. The hospital is surrounded by rice fields and jungle, though it is rapidly becoming the center of a small village, with a mission church, grammar school, food shops, and "hotels", Indian style.

All this is not done with stone and supplies. It needs people to build up institutions. The first doctor to arrive in Mandar was Sr. M. Barbara Taggart, M. D., who had the advantage of a surgical residency in St. Joseph's Hospital in Baltimore. During the war years, women internes and residents had their chances at surgery, and for three years Sister made good use of her opportunities.

When Sister M. Barbara, M. D. came to Mandar in the Spring of 1947, she soon found herself plunged into a never-ending stream of operations. Everything she had ever learned, everything that she had ever heard of, and quite a few situations that were entirely new to her, had to be handled and cared for, simply because there was no one else to do it. Patients came from twenty, fifty, a hundred miles, on buses, in trucks, on bullocks carts, in baskets and on foot. Word went around in the villages that medical and surgical aid was available in Mandar. "You seem like gods to us," said one village man one day. "What did you do before we came?" asked Sister. "We died," was the pathetic reply.

Since the day of the opening, surgery remains the most important specialty. Infectious diseases are common and serious, especially typhoid, dysentery, malaria and tuberculosis, but the newer drugs are making the treatment much easier and shorter than before.

But for surgery there is no substitute and no shortcut. The wards are full to overflowing, and there is always a waiting list of elective cases. Gynecological surgery is of primary importance and goes on all year long, with a marked increase in certain seasons; when the harvest is in, the family has money and time to spare to get its womenfolk fixed up again. Especially gratifying are the young women with childbirth injuries which they received, often as mere girls, during their first delivery.

But general abdominal surgery also is in great demand. Sister Barbara M. D. and her assistants spend almost every morning, and again most of the late afternoon in the operating rooms. Hernias, gastric and intestinal resections (for ulcers and obstructions, mainly) fractures, spleenectomies (for permanently enlarged spleens due to malaria and kala azar, some of them weighing 10 or 12 pounds) tumors of all kinds and descriptions, amputations for neglected fractures and gangrene, enormous abscesses, thoracoplastics, one thing after another. Curiously enough,

appendectomies are rare. Indians who live native fashion, eating rice and vegetables only and squatting on the floor instead of using chairs rarely seem to get appendicitis. Tuberculosis is common, not only the pulmonary type, but intestinal and peritoneal tuberculosis as well as tuberculosis of bones, joints, and glands.

As the main road from Ranchi passes right by the hospital, automobile accidents are surprisingly frequent, and injured people are brought in by day and by night. Add to this the obstetrical operations and it is clear that a whole-night's sleep is almost as rare as a quiet day for Sister M. Barbara.

Fortunately she does not face the task alone. Besides the Indian trained men-doctors who come for a surgical residency, she has a staff of American medical mission Sisters—nurses, anesthetist technicians, pharmacist, dietitian; about 40 Indian nurses, students, and graduates; and another Sister-doctor, Sister M. Francis, M. D., who joined her in 1950. Together they handle the surgery and all the other activities which must go on in a general hospital, from rounds to Out-Patient-Department, from laboratory to private calls in maharaja's palaces, from charting to anatomy classes for the nursing students. Teamwork is important and highly valued in the missions, where outside help is rare and hard to get.

There are times when just plain surgery, together with the antibiotics and careful nursing will pay rich dividends, even unexpectedly wonderful. There was the "bear-woman" for instance. Bears, panthers, and even tigers still roam the jungles around Ranchi, and they can be very deadly, especially to lone women who have gone to collect firewood or cattle fodder in the trackless jungles. One such was brought into the Mandar hospital, clawed up beyond recognition, her arms, shoulders and back one mass of wounds, and her entire scalp torn loose from the back and pulled like a cap over her face. Hopeless, it seemed at first glance. But she was a young woman, a mother of four small children, a strong and healthy village girl, accustomed to hard work in the fields, and she begged so hard for a chance to live that the Sisters set to work. Under anesthesia, debridement, control of hemorrhage, suturing, splinting, dressing proceeded for three hours. Intravenous plasma and glucose pulled her through the shock. There remained the problem of infection. Animal wounds are notorious for their septic aftermath. But penicillin and constant attention to the dressings did the trick. Even the scalp healed, though skin grafts were needed later to restore the eyelids and the nose. Maybe Rosa is no beauty, but she is alive and well. That's what matters in Mandar!

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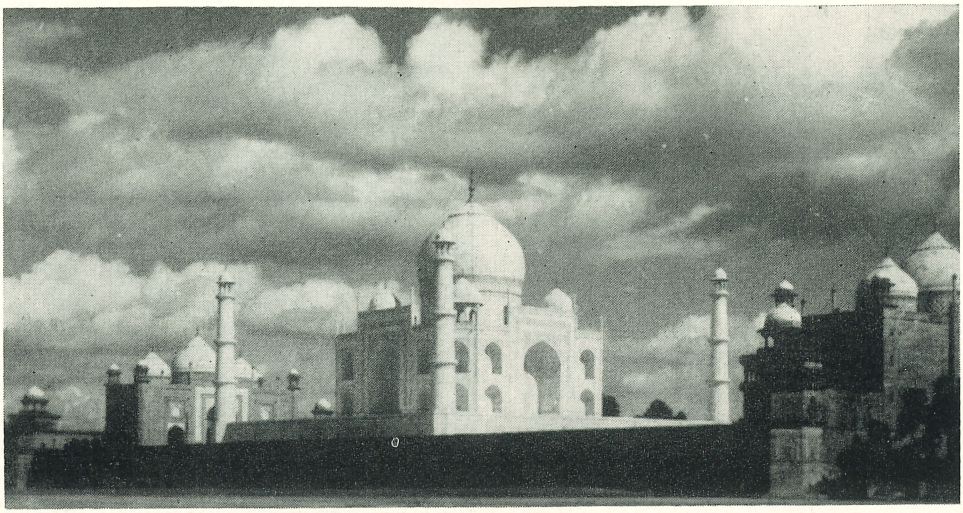

MOGUL QUEEN'S TOMB

Sr. M. Richard, S.C.M.M.

ON MAY 1st, one Jesus and Mary nun and one green school bus had to make the trip from Delhi to Agra. Mother Francis, J. M. suggested that Sr. M. Joanna and I, go along to be companions for the lone Sister. It was Friday evening when we started out . . . the maiden voyage of a new school bus with PATRICK written in at least foot high characters on the front. Patrick brought us safely to the hundred year old convent of the Jesus and Mary Nuns in historic Agra.

The next day we saw the famous Taj with its minarets and marble domes shining in the sun. It is elaborate beauty, made of pure white marble with exquisite inlay work, tiny flowers made of colored marble. There is perfect symmetry and balance everywhere. You can stand in the room, the only and main one where the tombs are, and look directly through the doors of three different places to the outside. All are in a direct line. We were very fortunate to have an Indian, Jesus and Mary Sister, a history scholar as our guide. She gave us the history of the Mogul Emperors who were the most famous in Indian history. Akbar was the founder of the Mogul dynasty and Shah Jhan who built the Taj was his grandson.

You all know the story of the Taj Mahal. Mumtaz, the wife of Shah Jhan, who was called Taj, asked him to build a monument for her after her death. When Mumtaz died after bearing him 14 children, most of whom died young, he built the Taj. It is difficult to imagine all the hand labor that went into its construction and it is a marvel how they could extract such large pieces of pure Makrana marble.

Shah Jhan was so enamored of it that he had mirrors placed in his home so that even when he turned around he could still see the exquisite building.

The Taj is composed of one huge room with a very high ceiling. It takes an echo fifteen seconds to find its way back to you. A man

who-whooed for us to prove the statement. There are two tombs in the room. The center one is Mumtaz's. Shah Jhan has one to her left. We went down to the cellar where the real tomb and bodies are, that is what dust remains of them after all these years. It was dark and smelled of incense and we had an oriental setting as three "poets" squatted on the floor and soaked in the romantic atmosphere. They stared into space and contemplated no doubt the beautiful lady of long ago. Out in the sun again, there was a terrible glare, the bright sun on the marble. The Taj is elevated about five stories over a river . . . a mere trickle at this time of the year. There are gardens surrounding it and we saw flowers blooming. That means lots of care including daily watering, watering everwhere. At one time the place was like a forest, the Taj was almost hidden. Lord Curzon, a British governor in India re-discovered the Taj and now the government has charge of the upkeep. There are 50 gardeners on the staff. Curzon had an ornamental silver "everlasting light" placed above the tomb of Mumtaz and it burns continually. Looks like a sanctuary lamp. There are two large palaces of red sandstone on either side of the Taj. People come for a pilgrimage once a year and they encamp in the ruined buildings. We saw men stripped to the waist painstakingly smoothing marble by rubbing it with stones in order to repair some part of the Taj.

Mother Alicia, our guide, took us to all the interesting places and gave us a history of each. As we were standing in the shadow of the "monument of Love" as the Taj is called, she told us a tale of love that made the Taj look puny indeed. She told us of her grand-

Mumtaz, the beloved wife of Shah Jhan, in whose memory the Taj Mahal was built.

parents, one a Hindu and the other a Mohammedan, how they married and brought up their family. Their lives were a series of sacrifices and she stood before us, the fruit of the sacrifices. Imagine the heritage she has. It is so unusual to have both a Hindu and a Mohammedan background and be a Religious Sister on top of it. We couldn't help thinking what love was contained in the telling of that story and comparing it with Mumtaz and Shah Jhan and the Taj Mahal.

Now we can count off one of the seven wonders of the world that we have seen. The Indians joke about the Americans who like the Taj so much. They say that they expect offers from Americans to buy the Taj one of these days and take it back to America. It would never fit. It belongs just where it is. We of course saw it in the broad daylight but they say that it is best seen by moonlight. One can imagine the beauty of the marble structure in the soft light of the moon. People told us that the Taj was never without visitors day or night. While we were there many "foreigners" were pacing up and down the tree lined pond to the Taj.

WOMAN'S DAY IN INDONESIA

Sr. M. Edward, M. T.

EACH year on April 21st, Indonesian women honor the memory of Miss R. A. Kartini, who lit the torch for the modern emancipation of her countrywomen. Miss Kartini was born on April 21st, 1879, of a noble Javanese family. She was among the fortunate few girls whose parents permitted them to attend elementary school. But "Adat" was enforced when she was 12 years old. "Adat" comprised the ancient customs and conventions, one of which decreed that marriageable daughters must remain "imprisoned" in their home until they were wed to a man selected by their parents. Adat also decreed that a girl's sole duty was to serve in all reverence, first her parents, then later, her husband.

During the four years of her "imprisonment", Miss Kartini's mind was active. She realized especially the unfavorable status of the women, who were utterly dependent on parents or husband, and subject to the abuses of polygamy or divorce without any reason being given. She believed that elementary education, with instruction in home economics, for ALL girls would soon lead to a change for the better in social conditions. Suiting action to her thoughts, she started a small school in her home. Then when she married the Regent of Rembang in 1903, she opened a school in this town also. She died the following year, in giving birth to her son. However, her ideas caught fire. Other women now came forward to obtain their rightful share in the social and political life of the nation.

The flame enkindled by Miss Kartini burns brightly today. In Makassar, Celebes, the Medical Mission Sisters' school for nurse-midwives flourishes, with 32 students from 9 different races, even from islands where the population is most primitive. This shows that more and more young women are being educated. In 1952, the deliveries at the Center reached a total of 2,650.

← Anna Lumi from Minahasa, a capable and devoted nurse-midwife, is a graduate of the school.

To the HIGHEST BIDDER

Africa's Dowry Problem

This beautiful Masai woman's dowry is paid in cattle.

This is a resume of a lecture given to the Joan of Arc Alliance in Paris, by Sister Mary Andre of the White Sisters of Africa.

Sister Marie-Andre began by saying that she was happy to give her observations arising from her seventeen months' research in French West Africa and the French Cameroons to the Alliance "which for so long a time has busied itself with bettering the lot of women, without distinction of race or color."

The general impression she had received from her investigation was of a recrudescence, since the war, of two evils, divorce and fetichism. An abuse of liberty has led to an increase in the activities of sorcerers and fetichists, with ritual crimes including human sacrifices, sorceries and poisonings, together with the forcing of women and girls to enter the fetichistic "convents" by all kinds of pressure, even by kidnapping.

Fetichism, Sr. Marie-Andre explained, is based on the idea of a spiritual rebirth by which each member of the tribe is incorporated into his tribe by being "born again" —or initiated. If, as sometimes happens, the ritual tatooing causes the death of the child, nothing can be done, the fetich "has not brought it to birth." The initiation camps are jealously guarded.

Sr. Marie-Andre was not able to visit them, but she did visit some of the convents in Dahomey, where the fetichists are trained. She talked to some of the girls who had been forced into them, some prom-

ised before their birth. Generally the novitiate lasts about a year—the parents supplying the nourishment of their child, but they have no other rights. Failure to say the prescribed prayers to the fetich (maybe a root or a stone) or to salute another fetichist, is rigorously punished; failure to learn the dances and language of the fetichistic ritual may lead to "suppression" i. e. burial in a hole in the ground. In this case the parents are notified at the end of the novitiate —by being handed a sack containing a cat.

These convents are becoming more numerous and the best way to counter their influence is more education, for girls as well as for boys. They have almost disappeared in Nigeria where schools for girls are more numerous, though still too few. Sr. Marie-Andre, in speak- of the increase of divorces, said it was largely the result of the disastrous influence of a prosperous economy on primitive social institutions which take no account of the rights of the human person, particularly the woman. Where marriage is based on transfer of ownership, the woman becomes a valuable commodity—hence marriage has become a "black market" and the girl goes to the highest bidder. "There," said Sr. Marie-Andre, "we touch the grave problem of the dowry and its abuse."

The dowry used to be symbolic but now it has come to have a fantastic monetary value. In one case one suitor offered 100,000 francs—another a motorcar, but the third outbid them both with the offer of a new German lorry. Another girl of fifteen had already been the object of barter four times—the last purchaser giving 100,000 francs to buy her from the man who had paid 60,000 and whom she had already left.

It is in the Cameroons that the degradation of marriage is at its worst: a father talks freely of selling his daughter, he claims the right to take her back to sell her more dearly—unless the husband will pay an "addition to the dowry." Sometimes he will pay again and again to keep his wife. The woman is never her own mistress. If a man wishes to help a poor relation, he will buy him a wife, and the donor has then the right to half the daughters of the marriage. If a girl refuses to go to the man who has paid the dowry she is told she has a "debt in the flesh" and must go to him who has paid for her. In this way 50,000 girls a year are born belonging to the former owners of their mothers. These can claim them when they like, keep them for themselves, or give them to a servant or to an important guest.

Women are "potential wealth" so they figure in many cases concerning inheritance in the Customary Courts. As late as July 8th, 1949, a claimant demanded judgment that he should inherit the goods of his dead brother—a plantation of bananas, two widows and the daughter of one aged fifteen; a boy of fourteen demanded as his inheritance one widow (his mother), three children (including himself), three sewing machines, two saucepans, etc. These cases were agreed. A boy of fifteen brought a case against his mother as she would not marry the man he had chosen for her. Hundreds of such cases come before the Customary Courts —because a judgment assures the heir of the right to the dowry when the girls marry or the widow marries again and it is important to establish who is her owner.

Sr. M. Andre, W. S.

The advanced pagans see the evil for as late as December, 1949, and January, 1950, the notables of two districts voted the suppression of the dowry, but even Christian parents are drawn into what has become a vicious circle. The dowry paid for the daughters helps the sons to marry. A boy may take ten years to collect his dowry unaided —and prices are rising.

The attitude of the educated girls towards the dowry is one of disgust. "We are not nanny goats, we do not want to be sold," and they tend more and more towards monogamy and the founding of a home. To break this custom more is needed than the wish of the women and the goodwill of some men. What Sr. Marie-Andre proposed was to allow every girl to marry freely—and if necessary without her parents' consent when she becomes 18.

Sister Marie-Andre ended with a plea that the Alliance would be sisters indeed of these women of Africa and do all in their power to ensure that there will be respect for their human liberty, for their dignity as women and their nobility as mothers.

Condensed from
The Catholic Citizen

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DUTCH HIERARCHY'S CENTENNIAL

Two-day festivities, May 18th and 19th, marked the restoration of the Dutch hierarchy one hundred years ago. Although Rome had been petitioned for this as early as 1848, it was not until 1853 that Pope Pius IX restored the former Archbishopric of Utrecht and set up suffragan sees elsewhere.

In his message to the centennial Pope Pius XII spoke of the Dutch people as having "a courageous spirit of enterprise, perseverance, steadiness and culture-mindedness" which he said shone out particularly in the remarkable development of a world-mission apostolate and organized home support for the missions, as well as in the Dutch pioneering in the field of Catholic social action.

Along with the rest of the Catholic world, we join in the felicitations which were paid to the Dutch people and also the episcopate.

America, June 13, 1953

ON BEING AN ALIEN

Sr. M. Thaddeus, R. N.

CITIZENS, count your blessings —though you can never fully appreciate them until you see an unreasonable facsimile of self staring at you from a passport. If you think the red tape necessary to secure a passport is time, patience, and ink consuming, just wait until you are established in the status of an Alien in a foreign country!

Our hospital in Mandar is not much further from our hospital in Patna than Philadelphia is from Atlantic City. Still, to make a trip between the two requires no less than four forms, wherein are stated full, personal, vital and other statistics along with where, when, and why you are going and how long you will stay and probable date of return. All this is sent for scrutiny to the police officials. Then numberless 'phone calls and at least one visit from the Law to see if you have departed or arrived. Even if you don't move about from one place to another there will be frequent investigations as to whether or not you are on or about the premises. Then periodically there will be a veritable volume of blank spaces to be filled in—and if you were paid by the word, by the time the Application for Renewal of Permit was completed, you would be a millionaire!

For my trip to Mussoorie all forms were duly submitted—Passport, Registration Papers, Residential Permit, all were in order. After only three trips to the Police Station all concerned were convinced that actually I was in Mussoorie and in residence at St. Mary's Hospital. Then, Sr. M. Vincent received a letter from Patna officials wanting to know if she could tell them the whereabouts of a missing alien, namely, Sr. Mary Thaddeus!

So I phoned the Police Station and told them I was not missing and the Registration Officer promised to write to Patna that this alien had been found.

Two days later the phone rings. "I would like to speak to Sister Theodore." There are only two of us here at the time, Sister Vincent and myself, so—I'm Theodore—

"Speaking."

Much static follows indicating juggling of phone—then my friend the Registration Officer says in a third degree voice, "Sister Theodaze?"

So now I'm Theodaze—

"Speaking."

"It is necessary for your likeness to come to the Police Station."

Now I have been called many things in my life, but this is the first time anybody ever called me

"your likeness"!

Anyway, I tell the man that my papers are in order, that I really don't mind these frequent trips to his office, but that in my spare time I am trying to help run a hospital—

He assures me that my cooperation is appreciated and that another trip to his establishment is not necessary. All he wants is my photo along with form Number 3C by return mail and with a promise to come see me soon, our business is concluded.

Taking pen in hand—with much groaning I commence to work on Form Number 3C when in comes—Sister M. Vincent and says, "What is the matter, are you sick?"

"No, not sick," says I, "Just Alien!"

RURAL LIFE CONGRESS

The Conclusion of Manizales, the first Latin American Catholic Congress on Rural Life Problems, Jan. 11-18, 1953, has been published in English. The Spanish original has been widely circulated and read. It has already, directly and indirectly, inspired many improvements in rural living conditions. Copies may be obtained from National Catholic Rural Life Conference, Des Moines, Iowa. Single copies 25c.

INDIA AND MISSIONARIES

. . . In the midst of all this unpleasantness that occurred last month it is doubly gratifying to read the report of a speech made about the same time by Shri Sri Prakasa, Governor of Madras. He was addressing the 63rd anniversary meeting of the Y.M.C.A., Madras, at which he presided. He is reported to have said that there seemed to be disturbance in the minds of many of their friends regarding propagation of their faith in the land or their existence in the country as workers carrying on social and educational uplift. "I would like to assure that India as a secular State gives the utmost freedom for the propagation of any faith, but that propagation must be free of any political bias." He had admired the work of Christian missionaries in educational and medical fields and would be sorry if they should feel that they had no place in the land. It was up to them to show that they were here for the great purpose of carrying on the light of knowledge where there was darkness of ignorance, and the healing touch of medicine where there was suffering. The great thing about Christianity, the Governor said, was that it had always met a challenge. In this speech the Governor of Madras made no distinction between foreign and local missionaries. While dispelling the doubts of Christian missionaries (obviously foreign) regarding their place in the land, His Excellency assured all of the "utmost freedom" for the propagation of any faith, provided, of course, it was free of any political bias.

THE EXAMINER, May 2, 1953.

"THY DAUGHTERS, O INDIA"

St. Joseph Hospital, Anchal, Travancore, South India was officially opened May 17, 1953 by the Most Reverend Bishop, the Minister of Medicine and six members of the Indian Community, the Daughters of Mary. This hospital is their Community's first venture in the medical mission field. Four of the Sisters are nurses who were graduated from Holy Family Hospital School of Nursing, Rawalpindi, Pakistan. The other two Sisters are pharmacists trained at Holy Family Hospital, Patna, India. A lay doctor completes the staff. The Medical Mission Sisters of Philadelphia send heartfelt congratulations and prayerful best wishes to these alumnae of two of their Holy Family Hospitals!

PENICILLIN VS. YAWS

After seeing the results of the WHO campaign to combat yaws with penicillin, Harold N. Mozar, M. D. writes that the end of the disease may now be in sight.

In 1950, at the beginning of the campaign in Columbia, there were an estimated 150,000 cases (45 to 80 per cent). To date 75,000 cases have been treated.

In Ecuador, the incidence of yaws has been reduced from 12.6 to 1.4 per cent.

Dr. Mozar also paid tribute to the spirit of the members of this WHO mission. They endure great hardships in reaching jungle-bound huts to treat the people.

INSTITUTE FOR TROPICAL DISEASES

Of special interest to the medical missionary is the plan of the Liberian Institute, Harbel, West Africa to educate physicians in the treatment and control of tropical diseases. Today's graduates have little opportunity for such study.

The Institute's immediate program is to provide a specialized laboratory center to study and conquer tropical diseases. In time, the Institute is expected to become a center of research in three basic problems of tropical countries: diseases of man, diseases of domestic animals and production of balanced food crops for men and animals.

INDIA RESPONDS TO MALARIA CONTROL

The Point Four project to control malaria in Terai, United Provinces, India has brought about a 36 per cent increase in land under cultivation. This in turn has caused an equal increase in food production and more than 100 per cent increase in grain, edible oil and other industrial undertakings.

India has an estimated 100 million cases of malaria a year. Approximately 15 million people will be protected from malaria by March 1954.

TROPICAL MEDICINE & HYGIENE NEWS, April, 1953

Guardian of the Night

Sr. M. Anita, R. N.

Venezuelan newsboy brings the evening paper.*

MY NEW assignment in Maracaibo, Venezuela at Our Lady of Cormoto Hospital is, as they say here, "La Guardia de la Noche." It sounds very nice to be called the "Guardian of the Night," but as I say Compline (evening prayer) with the other Sisters, I put real meaning into the prayer, "Now with the fast departing light, Maker of All, we ask of Thee, Of Thy great mercy through the night, our Guardian and Defense to be."

The first and one of the most pleasant duties of the night Sister is to visit all the patients, if even for a minute.

My first stop is an 18 year old boy with tuberculosis. In my poor Spanish I ask him if he is tired. He has been here for some time and is in a room by himself, which must be quite tiring. He answers, in what he thinks is his best English and says, "No, I am a girl." From my laughter he knew he had said the wrong thing. But then so had I. By both of us using the dictionary (I carry a small one in my pocket for emergencies) we found I had asked him if he were married, which is very similar to the word for tired. He meant to say no, he was a bachelor.

He is a very nice boy, and proudly showed me the rosary Sister Stephen had given him and is teaching him to say. He is a Catholic, but was never taught the fundamentals of the Faith.

My next stop is to see a patient who had two teeth extracted several weeks ago, and has been bleeding since. He is a hemophiliac. He is in a critical condition.

Down the hall I go saying a quick goodnight to the patients and hearing how the leg, arm, or stomach

*Standard Oil Co. Photo.

is coming along. My old friend Senora Alvarez is back. She is seventy-eight years old, which is quite old in a country where the average length of life is forty-five. Senora has a skin disease which covers her whole body. It is very stubborn and the doctors have been treating it for months. She greets me with tears and although our conversation is limited, much is said with the heart.

We have many American patients who work for the different oil companies. They have their special problems. It gives my Spanish a rest to visit them.

Medicine Floor is finished, but just as I start Surgical Floor, I have a call from the Emergency Room. We have a nurse on duty, but during the night the Sister substitutes for the Pharmacy Sister in giving already prepared medicines. This time the call is a young baby that is covered with a rash and welts. The mother brought, neatly wrapped in paper, the insect they found in bed with her. When asked if there were more, she said the house was full of them. This is the rainy season and insects of all varieties abound.

Back to Surgery Hall. There is a patient who has tied his sheet like a rope to the top of the bed — to give him something to hold on to. The people here sleep in hammocks. That is, the poor do, and when they come to the hospital they are afraid of falling out of bed.

We have a one month old baby that had surgery on his stomach and is doing nicely. The mother has a bed in the room with the child. It is the custom even for adults to have companions while in the hospital. We do not have enough space for all people to have a relative or friends stay with them, so it is usually only the children who have someone stay.

Now to Maternity, another special treat for me. We have a set of twins. One twin is quite a bit larger than the other, but the larger one is not very strong. They share an incubator, and the wee one takes more than her share of space with all her kicking. The minister was in early this evening to baptize them. They are not Catholic, but when baptism was suggested to the parents, they made immediate plans.

Eleven o'clock brings the change of shifts. Time out for a snack before midnight comes.

Three o'clock a quick round and then I think I'll say Prime, before the morning work. A first glance at the patient that is critical on Medical floor shows him resting well. The nurse says he has a high temperature. "Let's take his blood pressure and pulse before calling the doctor." All is well, yet something says, all is not well. It is the "Guardian of the Night" helping me. A call to the doctor brings him, but before he comes the patient takes a quick turn for the worse and the priest is also called. Within a half hour the patient has met "His Maker, the God of Mercy and Love."

The family was sent for, but was late in coming. Senor Hernandez left a widow and seven children, the oldest of which is eight years. May God hear the prayer, "Our Guardian and Defense to be."

Five o'clock, now is the time to say Prime. "Hermana (Sister) there is a maternity case." As God took a life quickly, He gave one quickly. 5:15! It's a baby girl.

At six o'clock there is Holy Mass, and as the other Sisters start their day, I end mine. Eight o'clock finds me happily sinking into slumber.

BEAUTIFUL ... BUT DUMB

Sr. M. Raphael, B. S. Pharm.
Gold Coast, B. W. Africa

WE MET HER on a cement truck. Just the thing to take home to the Sisters for a surprise—!! No sooner was the purchase made than we christened her Bedelia. For some unexplainable reason it seemed a perfect name for a baby monkey. It had dignity and mystery. After all, she was not just an ordinary monkey, but was coal black with a collar of white fur around the face, a Colobus monkey, considered sacred to fetishes of certain Ivory Coast tribes. And the mystery might help explain to the Superior why we spent 25 cents for a monkey.

She was to have been a great surprise; we had her cupped in our hands as we came into the house, but half a yard of black tail gave the secret away. It wasn't as pleasant a one as we hoped it to be. Bedelia had fleas. And was she dumb! The fleas were easily taken care of, but the question of grey matter was beyond us. She was not interested in anything but just sitting and looking. We tried to interest her in learning how to climb small trees, peel her own banana, etc., but all she would do was peer up at us - - "Not interested".

One night, during a storm, we found her under a tree soaking wet and shivering with cold. We brought her in, rubbed her dry and sat her by the side of a hurricane lantern to dry out. Poor Bedelia, the soft warm glow was too much for her; she fell asleep with her face smack up against the hot glass and blistered her little wizened countenance almost beyond recognition.

She was chattering with pain when we found her. We gave her a baby monkey-dose of aspirin and started to dress the burn. She was a most uncooperative patient. She chattered and fussed and even tried to bite us. Gentian Violet was applied equally to the burned area and to our white habits.

Her angry little face peeping out from the white bandage, with the bow tied on the top of its head, was a sight to behold. And not one of us doubted that given another opportunity she would cuddle up to a lighted lantern again.

After the interesting role of patient, Bedelia returned to her life of singular monotony. Aside from all diversions, she just sat.

Her other occupation was less appreciated by the community. In Berekum where there is no electricity (please remit generator), kerosene lamps serve us for light. Bedelia displayed her only bit of dexterity in playing with the wick. She loved to either turn the wick up until the room would be full of black smoke (and flames), or she would turn it down and the room would be pitch black. Exit Bedelia.

medical mission Chits

From
MUSSOORIE
KARACHI
BOMBAY
MARACAIBO

MUSSOORIE

Must tell you a funny case. A man came up to our hill station hospital to have a cyst removed from his head. He took off his glasses to show the doctor the cyst —and lo and behold the nose came off with his glasses!! It seems his "real" nose got eaten up with a tropical ulcer and plastic surgery not being quite up to par, he settled for a detachable nosepiece. I always say—it could only happen in India.

Sr. M. Carol, R.N.

KARACHI

There is a car repair shop doing business on the new hospital compound. For the last two years we have been trying to get him removed. In my trips to various offices about this matter, I finally got to the Rehabilitation Commissioner. His job is to find a place for the thousands of refugees to live. In our conversation he told me the known fact that fifty thousand families are what they term "squatters"; that is, they simply live on the streets. This does not include besides the 1400 refugees who come into Karachi every month. The whole problem of accommodation for these people centers around the water shortage. About all the officials can do, is shake their heads . . . It's surely a problem.

Sister M. Ursula

BOMBAY

You must be wondering about the new foundation here in Bandra. Frankly we have been so busy arranging things, interviewing people, etc., that we haven't had a minute to spare.

Sr. Carol and I came on May 12th (Sr. Magdalen only arrived on the 20th) and we lost no time getting the hospital ready for patients. The local people have been most helpful. The priests, especially Fr. Remedios, have been especially good to us. We still don't have a chapel, but Sr. Henrietta came yesterday to work on it, arranging a temporary altar and so on. An undertaker is giving us a marble cross for the building and arranging the name plate on the gates. He is also making small wooden crosses for our Stations and contributing the furniture.

Bandra, a suburb of Bombay, is a "little Rome." I never realized India had such a Catholic section except, of course, in the South. It boasts a church on nearly every corner and seven foot crosses on each block mark the path of processions.

We belong to St. Andrew's parish. The back wall is right on the ocean, so early in the morning as we wait for the Church to be opened we can see the fishermen just tumbling out of their shacks, pick-

ing their way across the ocean bottom to their boats for the day's catch. The white sails dotting the horizon complete a beautiful scene.

The Church itself is most picturesque. It was built 400 years ago by Portuguese fishermen. The walls are seven feet thick. The inside is elaborately decorated—bright colors, gilt, heavy jewelled crowns on the statues, murals, statues, etc. on every inch of wall and ceiling.

The congregation is as interesting as the church. Three sections of India are represented: the East Indians who wear saris drawn up between their legs and over their heads; the Goans in their mantillas; and the Anglo-Indians, some in saris gracefully draped . . but most of them wear European clothes.

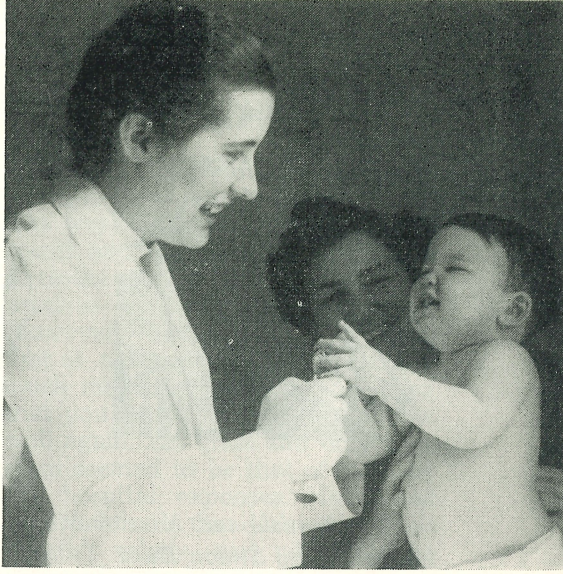
The church is jammed at every Mass and the overflow goes close to the gate of the compound. Two or three priests give Communion at every Mass. It is most inspiring to see such devotion.

Sr. M. Alma, M. D.

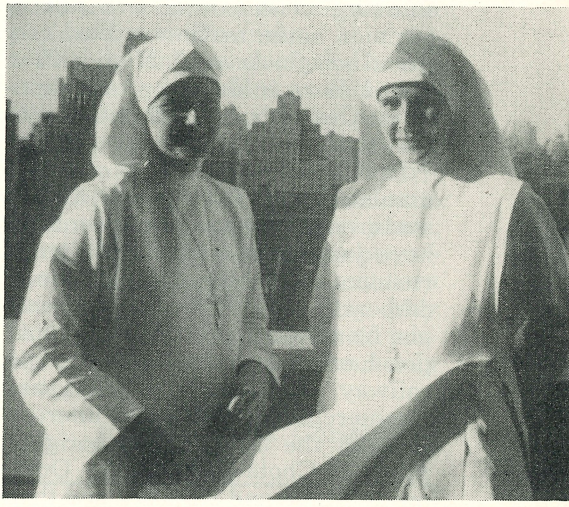
MARACAIBO

One Sunday morning 3 days after I had arrived in Maracaibo, after helping to return patients from the Chapel, I was confronted by a man who spoke Spanish a mile a minute and the only thing I could understand from his gestures was that he wanted to pray. There is a Russian woman who works here and who speaks Spanish fluently, so I asked her in *Slovak* what he wanted. She asked him in *Spanish,* told me in *Russian* and then I in turn, told Sr. Stephen in *English.* From the various languages I learned he wanted a prayer book—to which he had been introduced in the chapel.

Sister M. Madeleine, R. N.



WASHINGTON, D. C.—A new M. D., Sr. M. Christine Jobson, M. D., who received her degree of Doctor of Medicine CUM LAUDE from Georgetown University, Wash., D. C. Above, Sister as a student at Georgetown. Her internship will be at Nazareth Hospital, Phila., Pa.



NIAGARA FALLS, N. Y.—Sr. M. Charles and Sr. M. Carmel. Both received B. S., R. N. from Niagara University.

TRENTON, N. J.—Sr. M. Cosmas, Sr. M. Carolyn, Sr. M. Felicitas graduate from St. Francis School of Nursing.

ABORIGINALS AND MISSIONARIES

Aboriginals and Missionaries
by Simon Bara
Light of the East Series

It is interesting to see what the aboriginals think about their own problems, especially when that thinking is as sound and full of common sense as Simon Bara's in his *Aboriginals and Missionaries.* Simon Bara is himself an aboriginal, an Oraon, born of Christian convert parents.

The aboriginal tribes of India number some twenty-five million souls, and of these, twenty million have lost contact with their tribal customs and are in "a sad, almost desperate plight." The old and simple framework of tribal organization has cracked. For, not long ago, railway tracks, motor buses and commercial and industrial interests reached the three chief aboriginal races of Chota-Nagpur, the Ouraons, Mundas and Kharias; and their reach dashed tribal organization, like Humpty Dumpty into smithereens, "and all the kings horses and all the kings men" couldn't put the tribe together again. All of the vices and none of the restraints of civilization invaded the country. The tribe will surely lose the battle of culture-contact, now the all-important question is "what shall win?".

Is there something that can not only fill the shoes the tribe once filled, but can walk and progress in them? Simon Bara thinks that Christianity can, and on the grounds of what he has seen and experienced, answers the objections of those who think it cannot.

One of the most interesting of these objections comes from the "die-hard lovers of the primitive", it is that missionaries are "kill-joys", of all things!, that they have dampened the joys of feasting, the decorations and romance of communal life." As a rejoinder to this objection, Bara presents the testimony of Sarat Chandra Roy, a Hindu who "knew Chota-Nagpur like his pocket." Roy never ceases repeating in all his books that the Catholic missionaries have refrained from interfering with tribal customs and tribal amusements, that they have introduced changes only where moral or religious principles strictly required alteration, and that they always took great care to provide substitutes for anything that had to be scrapped. "Our missionaries," he says, "are neither cranks nor kill-joys; they are level-headed men, quite human, and love to see us happy; they do not interfere with the joys of life. Nowhere is the Catholic religion a gloomy religion, least of all in the land of the sunny-tempered Ouraons."

The Christian Ouraons drum, dance, and sing as before, but with more "cause," The critics have only to witness their Corpus Christi processions, mystery plays, Christmas festivities, and other celebrations, merry unto boisterousness, to hear their beloved drums beat as they were never beaten before.

Simon Bara's sympathies obviously do not lie with the romantic lovers of the primitive way of life who think that the aboriginals should stay in their rut, whether good, bad or indifferent, in order to satisfy the former's aesthetic love of things quaint. The aboriginals are anxious for the good that civilization has to offer, and they are equally anxious to have what is bad in the old way of life cauterized. Adaptability, yes, the missionary must know how to incorporate the old good with the new good, but "go native", no.

Christian missionaries found the aboriginals a people uprooted, but Simon Bara thinks their roots are now gaining solid ground. The missionaries came and brought education, soil conservation, self-confidence for the natives and new motives for merry-making as well as for temperance. Primary education in the Ranchi District is now within the reach of every Christian, and nearly every non-Christian, child. And in the wake of education has come social, economic and moral improvement. A social order not only capable of taking the place of the tribe but of rising far above it, goes hand in hand with Christianity. It is part of the "abundance" Christ came to bring. And Simon Bara learned this not from books, but from his own experience and that of this people.

Sr. M. Lawrence, S.C.M.M.

RAWALPINDI

Last week a young man came to the Office to admit his wife. He was working for Rs. 40 ($10) per month and had three small children to clothe and feed. He seemed very anxious to help his young wife. However, her condition was such, that it will take a long time and much medicine to build her up so that you could really say she was well again. His chief and only problem seemed to be that of meeting the hospital expenses. He placed Rs. 30-0-0 on the desk—¾ of his month's salary—and with that he said: "Sister Ji, please treat her, but not more than Rs. 30-0-0 worth, as I cannot afford more!" Poor man, how could we refuse to help his wife in spite of the fact that we knew he would never be able to pay for the treatment?

This is only one of the many cases that pass before us each day. We are in the midst of the poorest of the poor—therefore, most of our patients are those who can contribute little or nothing to their care. Had we sufficient paying patients, they would take care of the poor—however, since we have not—we must turn elsewhere for help. May God bless those who make it possible for us to care for the needy poor.

Sr. M. Christopher

LOTS FOR LITTLE

Live in the N. Y. C. Area? Then give your old clothes, furniture and household goods to the LOTS FOR LITTLE THRIFT SHOP. It's a double charity; providing thrifty bargains for N. Y. needy and M. M. Sisters share the proceeds. Send things to:

1214 Third Ave., N. Y. C.

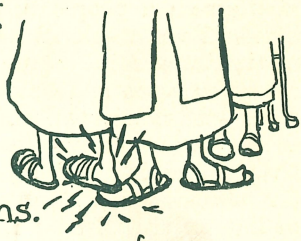
Pvt. R.A. Froehlich, U.S.52111063
339 Southmont Blvd.
Johnstown, Pa. 10-53

Patna, India
Good old Summertime
1953

Dear Saint Joseph:

We had three major operations today, starting at 4:00 P.M., because of the 112° temp. at noon.

India is an insects' paradise! The Circulating nurse was batting the "flies" out to left field fast and furiously. Our tiny operating room—all set up for the operations, left little foot space for the nurse attending the Sister-surgeons.



We hope, St. Joseph, that many of your "fans" will join our team and bring in some runs so that Patna can have a *new operating room soon!*

Yours for a victorious season,
Mother Anna Dengel, M.D.

ARE YOU A FRIEND OF SAINT JOSEPH?

Dear Mother Dengel:
Here is my gift for Patna's Holy Family Hospital operating room. $.....

Name_____

Address_____

City_____ Zone____ State_____